

P23000064489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

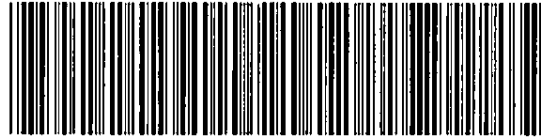
(Document Number)

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Articles of Correction

10/05/23--01016--005 **35.00

FILED
2023 OCT -5 AM 10:51
CLERK OF COURT

A. RAMSEY
OCT 18 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISTRIBUIDORA MOVE INC
Name of Corporation

DOCUMENT NUMBER: P23000064489

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert Corrada

Name of Contact Person

Albert Corrada CPA

Firm/Company

2655 LeJeune Road, Suite 902

Address

Coral Gables, FL 33134

City/State and Zip Code

cpa@corrada CPA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Corrada

at (305) 804-8569
Area Code Daytime Telephone Number

Name of Contact Person

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION FILED

For

2023 OCT -5 AM 10: 57

DISTRIBUIDORA MOVE INC

Name of Corporation as currently filed with the Florida Dept. of State

FL DEPT OF STATE
ARTICLES OF INCORPORATION

P23000064489

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on 09/06/2023

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

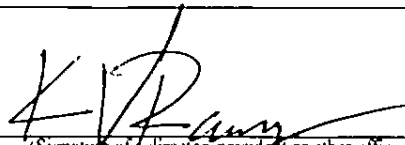
Please change the principle and mailing address to the one below in the next section:

5128 KILLARNEY WAY KISSIMMEE, FL 34746

Correct the inaccuracy, incorrect statement, or defect:

New principle and mailing address:

4007 Headwaters Way, Apt 402, Orlando, FL 32837



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

KARINA A. VELARDE RAMIREZ

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00